

MEMORANDUM

Agenda Item No. 7(M)(2)(A)


TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: July 13, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Resolution retroactively
authorizing provision of
in-kind services to the
Love South Dade, Inc.'s
Walk-a-thon

The accompanying resolution was prepared and placed on the agenda at the request
of Commissioner Dennis C. Moss.


Robert A. Ginsburg
County Attorney

RAG/jls




MEMORANDUM

(Revised)

TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: July 13, 2004

FROM: 
Robert A. Ginsburg
County Attorney

SUBJECT: Agenda Item No. 7(M)(2)(A)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 7 (M) (2) (A)
7-13-04

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING A PROVISION
OF IN-KIND PARK AND RECREATION DEPARTMENT
SERVICES FOR THE MAY 22, 2004 LOVE SOUTH DADE, INC.'S
WALK-A-THON AND HEALTH FAIR AT BLACKPOINT PARK
AND MARINA IN AN AMOUNT NOT TO EXCEED \$ 1,106

WHEREAS, Love South Dade, Inc. has requested use of the Miami-Dade Park and Recreation Department showmobile for its walk-a-thon and health fair, which was held on May 22, 2004 at Blackpoint Park and Marina, in an amount not to exceed \$1,106 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Love South Dade, Inc. walk-a-thon and health fair is a district event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that the Board retroactively authorizes in-kind use of the Miami-Dade Park and Recreation Department showmobile for Love South Dade, Inc.'s walk-a-thon and health fair, which was held on May 22, 2004 at Blackpoint Park and Marina, in an amount not to exceed \$1,106.

The foregoing resolution was sponsored by Commissioner Dennis C. Moss and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson
Katy Sorenson, Vice-Chairperson

Bruno A. Barreiro
Betty T. Ferguson
Joe A. Martinez
Dennis C. Moss
Natacha Seijas
Sen. Javier D. Souto

Jose "Pepe" Diaz
Sally A. Heyman
Jimmy L. Morales
Dorrin D. Rolle
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 13th day of July, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Mariela Martinez-Cid

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

Please complete the following form in its entirety and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2838
Fax: (305) 375-3968

*Requests will not be considered without completion of this application.

Type of Event/Application (select one of the following):

- ☐ District Event - Request for fee waiver/in-kind services will require Commission sponsor (Complete questions 1-7, sign, date and submit prior to event)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date)

1. Full legal name of the requesting organization: Love South Dade, Inc.
2. Corporate Status: Select one of the choices below (For profit entities are not eligible):
- ☒ Not-For-Profit or Tax Exempt (attach proof)
- ☐ Local Government or Public Entity
- ☐ Other (specify): _____
3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Chantelle Todman,
19701 SW 127 Ave, Miami, FL 33177, Phone #1-305-253-2300,
Fax: 305-256-9804, e-mail: LoveSouthDade@aol.com
4. Specify fee waiver or in-kind service requested (quantify, if applicable): In-kind contribution: stage
for event.
5. Name, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Event: Love South Dade
walk-a-thon/Run with Healthfair. At Black Point Park and Marina.
Purpose: To help raise funds for Love South Dade's services
to the community (e.g. tutoring, food bank, legal aid, senior outreach, etc.)
Also to offer some recreational activities to the community.
6. Please select ALL that apply to event:
- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation
7. Physical address of event venues (please specify Commission District(s)): 24775 SW 87 Ave, Pavilion One

8. Description of regional or local impact: Local impact - Create awareness of
Social Services available to the Community through
Love South Dade. Also provide an event for health awareness
and families to activities.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 7:00am - set up,
9am - walk/born begins, 10am - walk ends/repends - during the
walk/born time the health fair (mini health fair) will be taking place.
1 - 2pm tear down/cleanup

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): The venue is at Black Point Park and marine on
the side where the pavilion is (pavilion one) and surrounding
grassy areas to the pavilion.

11. Expected number of participants and estimated attendance (per day, if applicable): Number of participants: 2000p
Attendance: same

12. Itemized budget, including total event budget, total host budget and total commitment of resources (attach additional pages as needed):
See attached

I hereby certify that all the statements made in this application are true and correct.

Charlette Zedman
Signature of Authorized Representative

May 17, 2004
Date